

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014605

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 22

Primary Registration District No. 3013

Registrar's No. 61

FILED APR 17 1962

VS 300
Rev. 4/596004
20830

3

4 0

5 1

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94201

10

11

122-0

132-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

North Kansas City

Length of stay in 1b

D.O.A

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION

N.K.C. Memorial Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Platte

c. CITY

Parkville

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

Route #4

Box-850

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

John

Middle

R

Last

Sheridan

4. DATE OF DEATH

April 8

Day

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-1-1894

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired millwright

10b. KIND OF BUSINESS OR INDUSTRY

Cotton Product

11. BIRTHPLACE (City and state or country)

Warrensburg, Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Francis M. Sheridan

13b. MOTHER'S MAIDEN NAME

Minnie

NAME OF HUSBAND OR WIFE

Mrs. Ruth M. Sheridan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Ruth M. Sheridan - Parkville, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute coronary thrombosis (right)

INTERVAL BETWEEN ONSET AND DEATH

12 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

coronary atherosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Subtotal gastric resection for ulcer 8-10 weeks ago

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 4, 1960 to April 8, 1962 and last saw him alive on April 7, 1962

Death occurred at 6:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

G. Comer Bates, M.D.

(Degree or title)

22b. ADDRESS

2730 South Mall
Kansas City 19, Missouri

22c. DATE SIGNED

4/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-11-1962

23c. NAME OF CEMETERY OR CREMATORY

Sun Set Hills

23d. LOCATION (City, town, or county)

Warrensburg, Missouri

(State)

24. FUNERAL DIRECTOR

Address

D.W. Newcomer's Sons - North Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

4-10-62

26. REGISTRAR'S SIGNATURE

Marguerite Hodgins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John H. Kalsbeek

Licensed Embalmer No.

4949

P. O. Address

No. Kansas City 16, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.